> PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003 108 117 10													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OF		R THAN L ENTITY	
7	OTAL CLAIM	s		9.				RATE	FEE	٦	RATE		
F	OR	NUMBER FILED		NUMBER EXTRA		8	ASIC F	EE 385.00	OF	BASIC FE	€ 770.00		
7	OTAL CHARGE	4 1	9 minus 20=		. 0		XS 9=		OF	X\$18=			
iN	DEPENDENT (CLAIMS	1.	minus 3 =		0		X43=	1	OF	X86≥	1	
M	ULTIPLE DEPE	NDENT CLAIM	PRESENT	•			. ト	. 1 A E -	+	1		 	
* If the difference in column 1 is less than zero, enter "0" in column 2													
3-29-04 CLAIMS AS AMENDED - PART II OTAL OTHER THAN													
(Calumn 1) (Calumn 2) (Column 3) SMALL ENTITY OR SMALL ENT													
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	Same	Minus			•	[;	C\$ 9=		OR	X\$18=		
	Independent	•	Minus	-		•	7	(43≃		OR	X86=		
_	FIAST PRES	Ι.	145=		OR	+290=							
TOTAL OF TOTAL													
•	,,,,,,	(Column 1)		(Columi	n 2)	(Column 3)	ADE	IT. FEE	<u> </u>	Jon.	ADDIT, FEE		
		CLAIMS REMAINING . AFTER AMENDMENT	•	HIGHE NUMBE PREVIOU PAID FO	ST FR ISLY	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDIMENT	Total	Sama	Minus			•	×	\$ 9 =		OR	X\$18=		
	Independent	•	Minus	-i-		= .	X	43	·	OR	X86=	1	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									·			
								107AL		OR	+290=	•	
	ACOIT, FEE ACOIT, FEE												
T	`	(Column 1) CLAIMS	 	(Column	T	(Column 3)		-		•	·	AØDI-	
ŀ		REMAINING . AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA	R/	NTE	ADDI- TIONAL FEE	.	RATE	TIONAL FEE	
	Total	• <	Minus	7		j	X	9=		OR	X\$18#		
	ndependent		Minus	/- /	Y	•	X	3=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=											/ 		
If the entry in column 1 is less than the entry in column 2, write "O' in column 1.													
-4	If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.												
**	· with the subsection of the s	er Previously Paid	FOF (TOTAL OF	mdependent)	es thig l	vighest number fo	und in	ne s pp	Lobristé pox	in colui		.].	

Application or Docket Number